



# Maintenance Activity Report Changes/Transfers

Report due on the 15th of each month prior to the effective date

Return to SISC via fax or secure E-mail ONLY  
 E-mail: SISHealthActivity@kern.org  
 Fax: (661) 636-4094

Report Prepared by: \_\_\_\_\_  
 I certify that the information provided is true and correct.

Month & Year: \_\_\_\_\_

Phone No. & E-mail Address: \_\_\_\_\_

District Name: \_\_\_\_\_  
 (Do not abbreviate)

Social Security No.	Last Name, First Name	Effective Date mm/dd/yyyy	Chg Code		Medical Group No.	Medical Prem	Dental Group No.	Dental Prem	Vision Prem	Life Prem	Total Prem
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Review all adjustments each month on your SISC statement. Retro terminations will only be processed according to SISC guidelines.

Phone: (661) 636-4410  
<http://sisc.kern.org/hw>  
 Rev. 09/18/13

Change Reason Codes
03 Deceased Dependent
05 Subscriber Requested/Termination of Dependent
06 Transfer
12 Divorce